

# REQUEST FOR SCREENING ACTION

|  |  |                           |        |               |          |
|--|--|---------------------------|--------|---------------|----------|
| TO CODE                                |  | QDR NUMBER                |        | DATE          |          |
| RETURN TO CODE                         |  | ON OR BEFORE (5 DAY MAX.) |        |               |          |
| LOCATION - BLDG. NO.                   |  | ACCEPT                    | REJECT | QA VER. STAMP | COMMENTS |
| <input type="checkbox"/> IN SHOP       |  |                           |        |               |          |
|  |  |                           |        |               |          |
|  |  |                           |        |               |          |
|  |  |                           |        |               |          |
|  |  |                           |        |               |          |
|  |  |                           |        |               |          |
|  |  |                           |        |               |          |
| <input type="checkbox"/> IN AUX. STORE |  |                           |        |               |          |
|  |  |                           |        |               |          |
|  |  |                           |        |               |          |
| TOTAL                                  |  |                           |        |               |          |